

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF ILLINOIS**

Emmitt T. Tiner

Docket No. 08-823-MJR  
(To be supplied by the Clerk)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff/Petitioner(s).

☒ **CIVIL RIGHTS COMPLAINT**  
pursuant to 42 U.S.C. §1983  
(State Prisoner)

-vs-

☐ **CIVIL RIGHTS COMPLAINT**  
pursuant to 28 U.S.C. §1331  
(Federal Prisoner)

ILLINOIS Dept. OF Corrections

ROGER E. WALKER JR.

WEXFORD HEALTH SERVICES, INC.

LINDA RUNGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant/Respondent(s).

☒ **CIVIL COMPLAINT**  
pursuant to the Federal Tort Claims  
Act, 28 U.S.C. §1346, 2671-2680

**I. JURISDICTION**

- A. Plaintiff's mailing address and/or register number and present place of confinement.

MENARD Correctional Facility - P.O. Box 711 Menard AL.  
62259

- B. Defendant ILLINOIS Dept of Corrections is employed as

(Name of First Defendant)

IL. Dept OF Corrections

(Position/Title)

with IL. Dept OF Corrections - I.D.O.C. Executive

(Employer's Name and Address)

Office BLDG. 1301 CONCORDIA COURT SPRINGFIELD, ILLINOIS 62794

At the time the claim(s) alleged in this complaint arose, was the defendant employed by the state, local or federal government?

Yes ☒

No ☐

If your answer is "yes", briefly explain:

ILLINOIS Dept OF Corrections

N/A

C. Defendant ROGER E. WALKER JR. is employed as  
 (Name of Second Defendant)  
DIRECTOR  
 (Position/Title)  
 with ILLINOIS DEPT OF CORRECTIONS - I.D.O.C. EXECUTIVE OFFICE  
 (Employer's Name and Address)  
BLDG. 1301 CONCORDIA COURT SPRINGFIELD, IL. 62794

At the time the claim(s) alleged in this complaint arose, was the defendant employed by the state, local or federal government?

Yes ☒ No ☐

If your answer is "yes", briefly explain:

Responsible for the overall day to day operation of the  
DEPARTMENT OF CORRECTIONS WITHIN THE STATE OF  
ILLINOIS

D. Using the outline of the form provided, include the above information for any additional defendant(s).

(Please Refer to Additional Defendants on Next  
Two pages - page #2 CONTD)

N/A

## II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court relating to your imprisonment?

Yes ☐ No ☒

B. If your answer to "A" is "yes", describe the lawsuit(s) in the space below. (If there is more than one (1) lawsuit, you must describe the additional lawsuits on another sheet of paper, using the same outline.) Failure to comply with this provision may result in summary denial of your complaint.

N/A

N/A

DEFENDANT NEXFORD HEALTH SOURCES, INC. is employed as  
(NAME OF THIRD DEFENDANT)

HEALTH-CARE PROVIDERS  
(POSITION/TITLE)

WITH ILLINOIS DEPT. OF CORRECTIONS - I.D.O.C. EXECUTIVE  
(EMPLOYER'S NAME AND ADDRESS)  
OFFICE BLDG. 1301 CONCORDIA COURT SPRINGFIELD, IL 62794

AT THE TIME THE CLAIM(S) ALLEGED IN THIS COMPLAINT AROSE, WAS THE DEFENDANT  
EMPLOYED BY THE STATE, LOCAL OR FEDERAL GOVERNMENT?  
Yes (X) No ( )

IF YOUR ANSWER IS "YES" BRIEFLY EXPLAIN:

CONTRACTED TO PROVIDE MEDICAL HEALTH-CARE SERVICES  
FOR INMATES IN DESIGNATED CORRECTIONAL FACILITIES  
FOR THE ILLINOIS DEPT OF CORRECTIONS

DEFENDANT LINDA RUNGE is employed as  
(NAME OF FOURTH DEFENDANT)

Nurse-Practitioner  
(POSITION/TITLE)

WITH NEXFORD HEALTH SOURCES, INC. - P.O. Box 16218  
(EMPLOYER'S NAME AND ADDRESS)  
PITTSBURGH, P.A. 15242

AT THE TIME THE CLAIM(S) ALLEGED IN THIS COMPLAINT AROSE, WAS THE DEFENDANT  
EMPLOYED BY THE STATE, LOCAL OR FEDERAL GOVERNMENT?  
Yes ( ) No (X)

IF YOUR ANSWER IS "YES" BRIEFLY EXPLAIN:

N/A

N/A

N/A

DEFENDANT "JOHN-DOE" (A.K.A. SUPERINTENDANT MOTT) is employed as  
(NAME OF FIFTH DEFENDANT)

Superintendent  
(POSITION/TITLE)

With ILLINOIS DEPT OF CORRECTIONS - I.D.O.C. Executive  
(Employer's Name AND ADDRESS)  
OFFICE BLDG. 1301 CONCORDIA COURT SPRINGFIELD, IL 62794

At The Time The Claim(s) Alleged IN This Complaint Arose, Was The Defendant  
Employed By The STATE, Local or Federal government?  
Yes (X) No ( )

If Your Answer is "yes" briefly explain:

This Defendant is The Superintendent of The HARDIN  
County Work Camp. The last NAME of This  
Defendant is MOTT

DEFENDANT "JOHN DOE" (A.K.A. DR. DAVID) is employed as  
(NAME OF SIXTH DEFENDANT)

DOCTOR / Medical Director  
(POSITION/TITLE)

With WEXFORD HEALTH Sources, INC. P.O. Box 16218  
(Employer's Name AND ADDRESS)  
PITTSBURGH, P.A. 15242

At The Time The Claim(s) Alleged IN This Complaint Arose, Was The Defendant  
Employed by The STATE, Local or Federal government?  
Yes ( ) No (X)

If Your Answer is "yes" briefly explain:

N/A

N/A

N/A

1. Parties to previous lawsuits:  
 Plaintiff(s) N/A N/A  
N/A  
 Defendant(s) N/A  
N/A  
N/A
2. Court (if Federal Court, name the District; if State Court, name the County)  
N/A
3. Docket number N/A
4. Name of Judge to whom case was assigned N/A
5. Type of case (for example: Was it a Habeas Corpus or Civil Rights action?)  
N/A
6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
N/A
7. Approximate date of filing lawsuit N/A
8. Approximate date of disposition N/A

### III. GRIEVANCE PROCEDURE

- A. Is there a prisoner grievance procedure in the institution? Yes
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure?  
 Yes ☒ No ☐
- C. If your answer is "yes",
  1. What steps did you take? Filed GRIEVANCE(S) ON All levels  
(INSTITUTIONAL, CHIEF ADMINISTRATIVE OFFICER AND THE  
ADMINISTRATIVE REVIEW BOARD)
  2. What was the result? All-DENIED By GRIEVANCE OFFICER, CHIEF  
ADMINISTRATIVE OFFICER AND/OR THE ADMINISTRATIVE REVIEW  
BOARD
- D. If your answer is "no", explain why not. N/A  
N/A  
N/A  
N/A

E. If there is no prisoner grievance procedure in the institution, did you complaint to prison authorities? Yes ( ) No ( )

F. If your answer is "yes",

1. What steps did you take? N/A

N/A

2. What was the result? N/A

N/A

G. If your answer is "no", explain why not. N/A

N/A

H. Attach copies of your request for an administrative remedy and the response(s) you received. If you cannot do so, explain why not: Copies Attached (EXHIBIT # 1),

(EXHIBIT # 3, AND # 5)  
N/A

#### IV. STATEMENT OF CLAIM

State here, as briefly as possible, the FACTS of your case. State who, what, when, where and how you feel your constitutional rights were violated. Do not cite cases or statutes. If you choose to submit legal arguments or citations, you must do so in a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits.

Only two (2) extra pages (8½ x 11") are permitted, if necessary, to complete your statement of claim. Additionally, attach any relevant, supporting documentation.

ON JUNE 14, 2007 ON OR AROUND 9:30 A.M. INMATE EMMETT T. TENER (PLAINTIFF) AND  
ADEN R. REEL # R52070 (AFFIDAVIT ATTACHED TO COMPLAINT - EXHIBIT # 2) WERE  
WAITING TO THEIR ASSIGNED JOB ASSIGNMENT WITH THE INSIDE GROUNDS CREW IN SHAWNEE  
CORRECTIONAL FACILITY, WHEN THE PLAINTIFF WAS HIT FROM BEHIND BY A GREEN ILLINOIS  
DEPARTMENT OF CORRECTIONS VEHICLE (VAN) WITH TINTED WINDOWS, THAT WAS DRIVING  
DRIVEN IN REVERSE (BACKWARDS) DOWN THE ROADWAY IN THE INSTITUTION BY SUPERINTENDANT  
(MOTT) OF THE HARDIN COUNTY WORK CAMP. THE I.D.O.C. VEHICLE DID NOT DISPLAY ANY  
WARNING MECHANISM TO ALLOW FOR THE PLAINTIFF TO HAVE ANY PRIOR KNOWLEDGE THAT  
THE VEHICLE WAS BEING DRIVEN IN REVERSE AND APPROACHING AND THE IMPACT FROM THE  
COLLISION CAUSED THE PLAINTIFF TO BE IN PAIN, DIZZY AND DISORIENTED REQUESTING TO GO  
TO THE HEALTH CARE UNIT. THE PLAINTIFF WAS EXAMINED BY NURSE JASON, AND THEN BY  
NURSE PRACTITIONER LINDA RUNGE AND THEN BY DR. DAVIDO. DURING THE COURSE OF  
EACH EXAMINATION THE PLAINTIFF FULLY EXPLAINED THE CIRCUMSTANCES SURROUNDING

Him (Plaintiff) being injured and the amount of pain he was experiencing. The plaintiff also repeatedly asked to be taken to a hospital to have a M.R.I. procedure so the extent of his injuries could be diagnosed and immediately treated, but his request were denied and eventually the plaintiff was sent back to his housing unit with a bag of ice and Motrin aspirins. On June 15, 2007 due to complications from his injuries that resulted in the plaintiff having a lot of difficulty trying to walk, he was taken to the health care unit and re-examined by Nurse Practitioner Linda Runge who ordered for the plaintiff <sup>to</sup> submit a urine sample for possible internal bleeding and be admitted into the health care unit infirmary for a 24 hour observation period. The plaintiff again requested to be taken to the hospital for a M.R.I. and due to the plaintiff having difficulty walking, he (plaintiff) also requested the use of a walker or walking cane and both requests were denied and the following day the plaintiff was released back to his housing unit. The plaintiff was re-examined by Dr. David on June 18, 2007 and denied a M.R.I. (Grievance Filed, denied - Attached to Complaint - Exhibit #3) From June 19, 2007 to July 30, 2007 the plaintiff repeatedly sent request slips to Nurse Practitioner (Runge) and Dr. David asking to be taken to the hospital for further observations into his injuries because he was continuously in a lot of pain and his physical condition was not improving and he also visibly had difficulty walking. The plaintiff was sent to the health care unit on July 31, 2007 for X-rays and immediately following was re-examined by Nurse Practitioner (Runge) who acknowledged that the plaintiff condition was not getting any better and that he (plaintiff) was having difficulty walking and

ORDERED That The PLAINTIFF Be Given a Slow Walking Permit (Copy  
 OF Slow Walking Permit ATTACHED To Complaint (EXHIBIT #4)) But Also  
 DENIED The PLAINTIFF Requests To Be TAKEN To A Hospital For A M.R.I.  
 And The use of A Walker or Walking Canes (Grievance Filed, denied - Copy  
 OF Denial letter ATTACHED To Complaint EXHIBIT # 5) ON August 2, 2007  
 The PLAINTIFF Needed Emergency Medical ATTENTION AND WAS TAKEN To The  
 health care Unit infirmary ON A STRETCHER, Re-Examined AND Re Admitted  
 INTO The infirmary For a 24 Hour observation period By Nurse Practitioner  
 (Runge) WHO STATED That "There is NO Need For The PLAINTIFF To Be  
 TAKEN To The hospital" AND Released The PLAINTIFF The Following Day WITH  
 A Higher dosage of Pain Pills AND Muscle Relaxers ON August 5, 2007  
 The PLAINTIFF Again Needed Emergency Medical Treatment AFTER Attempting  
 To get Himself out of bed AND feeling a Pop in His lower Back AND SHOOTING  
 Pain down INTO His BUTTOCKS AND leg Area That PREVENTED him from Walking  
 He WAS TAKEN ON STRETCHER To The health care Unit infirmary where  
 He remained [REDACTED] Confined To a Bed UNTIL August 14, 2007 AND  
 Released WITHOUT Any Further OBSERVATIONS INTO The EXTENT of His  
 INJURIES OR The use of A Walker OR Walker Canes EVEN AFTER  
 CONTINUING To Have a lot of Problems WALKING Due To a great  
 Deal of lower Back Pain AND SHOOTING pains From August 16, 2007  
 To The Time That The PLAINTIFF WAS Transferred ON Sept 26, 2007 To  
 JPMcKINNEYVILLE Correctional Facility, He (PLAINTIFF) Repeatedly SENT Requests  
 To Nurse Practitioner (Runge) and Dr. David To Be TAKEN To The Hospital  
 For A M.R.I. AND The use of A Walker or WALKING Canes  
 But The PLAINTIFF only RECEIVED A Examination By Dr. David on  
 August 23, 2007 AND From Nurse Practitioner (Runge) ON September 7, 2007

AFTER THE PLAINTIFF WAS TRANSFERRED HE IMMEDIATELY STARTED REQUESTING MEDICAL TREATMENT FROM THE MEDICAL STAFF FOR HIS INJURIES BUT THE PLAINTIFF DID NOT RECEIVE AN EXAMINATION UNTIL OCTOBER 29, 2007 FROM DR. OBADINA WHO ORDERED FOR THE PLAINTIFF TO IMMEDIATELY START RECEIVING PHYSICAL THERAPY TREATMENTS. THE PLAINTIFF DID NOT IMMEDIATELY RECEIVE PHYSICAL THERAPY AS ORDERED AND THE COMPLICATIONS FROM HIS INJURIES CONTINUED TO CAUSE HIM A GREAT DEAL OF PAIN AND PROBLEMS WITH HIS ABILITY TO WALK TO THE EXTENT THAT THE PLAINTIFF HAD TO BE PHYSICALLY ASSISTED FROM HIS HOUSING UNIT TO THE CAFETERIA BY OTHER INMATES ASSIGNED TO ASSIST THE PHYSICALLY CHALLENGED AND DISABLED DURING THE PHYSICALLY CHALLENGED CALL LINE. ON NOVEMBER 12, 2007 WHILE THE PLAINTIFF WAS BEING ASSISTED TO THE CAFETERIA, HE (PLAINTIFF) COULD NOT CONTINUE WALKING DUE TO A SEVERE AMOUNT OF LOWER BACK PAIN AND SHOOTING PAIN IN HIS BUTTOCKS AND LEG AREA. THE PLAINTIFF WAS TAKEN ON A STRETCHER TO THE HEALTH-CARE UNIT INFIRMARY AND REMAINED CONFINED TO A BED AND AFTER THE PLAINTIFF'S PHYSICAL CONDITION DID NOT IMPROVE AFTER SEVERAL EXAMINATIONS FROM DR. OBADINA, HE (PLAINTIFF) WAS TAKEN TO THE ST. ELIZABETH HOSPITAL (BERKVILLE, ILLINOIS) ON JANUARY 23, 2008 FOR A M.R.I. procedure THAT DIAGNOSED THE PLAINTIFF AS HAVING BULGING DISCS AND PINCHED NERVES. THE PLAINTIFF WAS THEN REFERRED BY DR. OBADINA TO A NEUROSURGEON WHO EXAMINED THE PLAINTIFF ON MAY 14, 2008 AND ORDERED A NERVE CONDUCTION TEST FOR THE PLAINTIFF. THE PLAINTIFF WAS GIVEN A NERVE CONDUCTION TEST ON JUNE 12, 2008 AND IN A FOLLOW-UP EXAMINATION WITH THE NEUROSURGEON ON AUGUST 8, 2008 THE

Plaintiff Was Informed That The Nerve Conduction Test Revealed That The Plaintiff Had A Significant Amount of Nerve Damage ON The Left Side of His Body That Would Require The Need For Surgery. The Neurosurgeon Also Highly Recommended To The Medical Staff At Menard Correctional Facility To Provide The Plaintiff With Physical Therapy Treatments As A Possible Alternative Option To The Plaintiff Not Having Surgery. To DATE, The Plaintiff Has NOT Received Any Physical Therapy. Due To The Defendants failure To have The Plaintiff's Injuries Diagnosed And Immediately treated following The Plaintiff Being Injured on June 14, 2007 The Plaintiff has Suffered a great deal of Unnecessary PAIN That has also Resulted IN The Severity of The Plaintiff's Nerve Damage Due To The Defendants Denying The Plaintiff The use of a Walking OR Walking Cane To Assist The Plaintiff With Walking.

Emmitt J. Tiner - KS1116  
Emmitt T. Tiner - KS1116

**V. REQUEST FOR RELIEF**

State exactly what you want the Court to do for you. If you are a state or federal prisoner, and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records or parole release), you must file your claim on a Habeas Corpus form, pursuant to 28 U.S.C. §2254, 28 U.S.C. §2255, or 28 U.S.C. §2241.

The plaintiff is requesting the Court to Award Him Compensatory And Punitive Damages (For Pain And Suffering, Mental Anguish, Loss Of Future Wages And Past And Future Medical Care.) The Plaintiff Also Request A Declaratory Judgment Stating That The Defendants Violated The Plaintiff's Civil Rights. The Plaintiff Also Requests Injunctive Relief Ordering The Defendants To Provide The Plaintiff With Housing, Physical Therapy Treatments And A Wheelchair At A Assisted Living Facility For The Disabled When He Is Released On Parole In 2009. Also, Attorney Fees And Costs. The Plaintiff Is Requesting

**VI. JURY DEMAND (check one box below)**

The plaintiff does ☒ does not ☐ request a trial by jury. (See Fed.R.Civ.P. 38.)

**DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11**

I, the undersigned, certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11(a) and (b) may result in sanctions, monetary or non-monetary, pursuant to Federal Rule of Civil Procedure 11(c).

The plaintiff hereby requests the Court issue all appropriate service and/or notices to the defendant(s).

Signed this 09 day of November, 2008.

  
Signature of Plaintiff

\_\_\_\_\_  
Signature of attorney, if any

ILLINOIS DEPARTMENT OF CORRECTIONS  
COMMITTED PERSON'S GRIEVANCE

Date: <u>7-9-07</u>	Committed Person: <u>EMMITT T. TINEER</u> (Please Print)	ID#: <u>K51116</u>
Present Facility: <u>SHAWNEE</u>		Facility where grievance issue occurred: <u>SHAWNEE</u>

**NATURE OF GRIEVANCE:**

RECKLESS ENDANGERMENT, DISREGARD FOR THE SAFETY OF INMATES, MENTAL ANGUISH, INCONVENIENCE TO INMATES

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability FOR CAUSING PERSONAL INJURY,
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input checked="" type="checkbox"/> Other (specify): <u>VIOLATION OF DRIVING PROCEDURES SET FORTH BY ILLINOIS DEPT OF</u>
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: CORRECTIONS

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: ON JUNE 14TH 2007 AT OR ABOUT 8:30 A.M. GRIEVANT ALONG WITH INMATE ADEN REEL (R52070) WERE WALKING TOWARDS THE EAST SIDE SALLY PORT GATE TO THEIR ASSIGNED WORK ASSIGNMENT WITH THE INSIDE GARAGES CREW. WHEN HE WAS STRUCK ON THE LEFT SIDE OF HIS BODY IN THE SHOULDER AREA, LEFT ARM AREA, AND LOWER BACK AREA BY A GREEN MINIVAN WITH TINTED WINDOWS THAT WAS BEING DRIVEN (BACKWARDS) IN REVERSE TOWARDS THE EAST SIDE SALLY PORT GATE BY SUPERINTENDANT (MONT) OF THE HANCOCK COUNTY WORK CAMP. GRIEVANT WAS NOT GIVEN ANY PRIOR KNOWLEDGE THAT VEHICLE WAS HEADING HIS WAY OR THAT VEHICLE WAS APPROACHING AND THE IMPACT FROM THE DRIVERS SIDE THREW INMATE TINEER (GRIEVANT) INTO INMATE REEL (R52070) CAUSING HIM TO STRIKE PUSHING BOTH GRIEVANT AND REEL FURTHER TOWARDS THE SIDE OF THE ROAD. GRIEVANT WAS IMMEDIATELY REQUESTED BY MONT AND ADO OFFICER CAMPDELL (WHO WAS PRESENT) TO GO TO THE HEALTH CARE UNIT FOR HIS (OWN)

Relief Requested: Complaint To Be Filed WITH THE ILLINOIS / STATE POLICE, M.R.T. Procedure PERFORMED EVEN IF COST IS PAID BY SUPERINTENDANT (MONT) INSURANCE COMPANY, DISCIPLINARY ACTION TAKEN (TERMINATION) FOR BLATANTLY HAVING DISREGARD FOR THE SAFETY OF INMATES FOR RECKLESSLY DRIVING IN REVERSE ON ROADWAY.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Emmitt T. Tineer K51116 7.9.07  
Committed Person's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)		
Date Received: <u>7.11.07</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-8277
Response: _____ _____ _____ _____		
Print Counselor's Name	Counselor's Signature	Date of Response

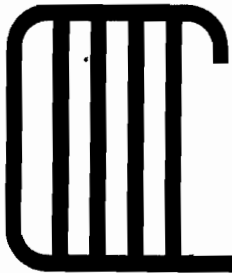
EMERGENCY REVIEW	
Date Received: <u>7.11.07</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance
	<input checked="" type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
<u>Adam J. [Signature]</u> Chief Administrative Officer's Signature	<u>7.11.07</u> Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
COMMITTED PERSON'S GRIEVANCE (Continued)

INJURIES AND BE EXAMINED. GRIEVANT ORIGINALLY THOUGHT THAT THE PAIN HE WAS EXPERIENCING WOULD GO AWAY AND HE WOULD BE ABLE TO CONTINUE WITH HIS JOB ASSIGNMENT, BUT ~~INSTEAD~~ INSTEAD GRIEVANT'S PAIN ONLY GREW WORSE WITHIN SEVERAL MINUTES OF THE ACCIDENT, FORCING HIM TO SEEK MEDICAL ATTENTION AS REQUESTED BY MONT. GRIEVANT IMMEDIATELY INFORMED THE MEDICAL STAFF HE WAS EXPERIENCING SEVERE PAIN IN HIS SHOULDER AREA, ARM AREA, AND THE LOWER BACK AREA ON THE LEFT SIDE OF HIS BODY. GRIEVANT REQUESTED X-RAYS BE PERFORMED AND ALSO AN M.R.I. BE PERFORMED SO THE FULL EXTENT OF HIS INJURIES COULD BE LEARNED AND EFFECTIVELY TREATED. GRIEVANT'S REQUESTS WERE ORIGINALLY DENIED BY THE MEDICAL STAFF IN HIS PRE EXAMINATIONS, AND ALSO DENIED BY DR. DAVIS IN THE FULL EXAMINATION AFTER DR. DAVIS WAS CALLED IN. BUT GRIEVANT'S REQUEST WAS GRANTED AND ON JUNE 21ST 2007 GRIEVANT RECEIVED X-RAYS ON HIS SHOULDER AREA ONLY. GRIEVANT HAS HAD SEVERAL FOLLOW UP EXAMS IMMEDIATELY FOLLOWING THE ACCIDENT WHERE HE HAS AGAIN REPEATEDLY REQUESTED FOR A M.R.I. PROCEDURE TO BE PERFORMED BECAUSE HE WAS EXPERIENCING PAIN SO SEVERE FROM HIS INJURIES THAT IT WOULD CAUSE HIM TO HAVE TROUBLE SLEEPING, SITTING, STANDING AND WALKING FOR LONG PERIODS OF TIME. IF THE MEDICAL UNIT IS UNWILLING TO HAVE THIS PROCEDURE DONE, THEN GRIEVANT IS ASKING THAT THE ILLINOIS DEPT OF CORRECTIONS INSTRUCT SUPERINTENDANT (MONT) TO CONTACT HIS PRIVATE INSURANCE COMPANY TO BE RESPONSIBLE FOR PROVIDING FOR THE PROCEDURE TO BE DONE TO LEARN THE EXTENT OF GRIEVANT'S INJURIES. BECAUSE SUPERINTENDANT'S ~~MONTE~~ MONTE ACTIONS ON THE DAY OF THE ACCIDENT WERE VERY RECKLESS AND HIS OBSTINATE DISREGARD FOR THE SAFETY OF INMATES TIXER (GRIEVANT) K5116 AND INMATE REEL (K5207) IS THE ONLY REASONS INJURIES WERE SUSTAINED. GRIEVANT WOULD ALSO ASK THAT A COMPLAINT BE FILED WITH THE ILLINOIS STATE POLICE, BECAUSE THESE ACTIONS COULD OF COST GRIEVANT AND INMATE REEL THEIR LIVES INSTEAD OF THE SERIOUS INJURIES GRIEVANT RECEIVED. GRIEVANT WOULD ALSO REQUEST THAT DISCIPLINARY ACTIONS BE TAKEN IN THE FORM OF TERMINATION BECAUSE CLEARLY I.D.C. POLICY AND THE PROCEDURES WERE NOT FOLLOWED REGARDING THE HANDLING OF MOTOR VEHICLES AROUND INMATES. GRIEVANT WAS INTERVIEWED BY LT MCGILL OF INTERNAL AFFAIRS ON THE DAY OF THE ACCIDENT WHERE GRIEVANT RELATED ACCIDENT ACCOUNTS TO LT. MCGILL. LT MCGILL ALSO TOOK PICTURES OF GRIEVANT'S LEFT SIDE SHOULDER AREA ONLY. GRIEVANT WAS ALSO TOLD BY LT MCGILL THAT PICTURES OF THE VEHICLE INVOLVED ~~IN~~ IN THE ACCIDENT WERE TAKEN. ~~LT~~ LT MCGILL ALSO PREPARED A REPORT (STATEMENT) THAT WAS NOT READ BY GRIEVANT OR TO GRIEVANT BUT SIGNED BY GRIEVANT. THIS IS WHY GRIEVANT IS FILING A GRIEVANCE ON SUPERINTENDANT MONTE'S ACTIONS ON THE DAY OF JUNE 14TH 2007 THAT RESULTED IN INJURIES TO GRIEVANT. TO INSURE HIS STATEMENT IS ON RECORD TO THE EVENTS SURROUNDING THE ACCIDENT, AND TO INSURE THAT HIS MEDICAL NEEDS ARE PROVIDED FOR FOR HIS INJURIES SUSTAINED AND EFFECTIVE TREATMENT IS PROVIDED TO HIM.

Emmitt J. Tixer - K5116  
Emmitt T. Tixer - K5116

July 9th 2007



**Illinois**  
Department of  
**Corrections**

**Rod R. Blagojevich**  
Governor

**Roger E. Walker Jr.**  
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

October 4, 2007

Emmit Tiner  
Register No. K51116  
Pinckneyville Correctional Center

Dear Mr. Tiner:

This is in response to your grievance received on July 26, 2007, regarding Medical (Injury 6/14/07 w/ IDOC Van) and Staff Conduct (Supt. Mott), which was alleged to have occurred at Shawnee Correctional Center. This office has determined the issue will be addressed without a formal hearing.

This office has reviewed your written grievance and supporting documentation regarding an injury you suffered on 6/14/07 and claims of staff misconduct.

The Grievance officer's report and subsequent recommendation dated June 28, 2007 and approval by the Chief Administrative Officer on June 28, 2007 have been reviewed.

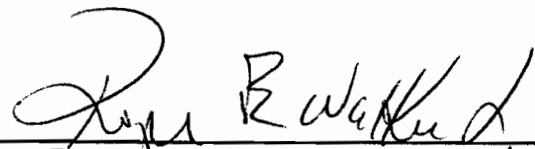
This office discussed the issue with Shawnee Internal Affairs Staff.

Based on a total review of all available information, it is the opinion of this office that the issue was appropriately addressed by the institutional administration. It is, therefore, recommended the grievance be denied.

FOR THE BOARD:

  
Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

CONCURRED:

  
Roger E. Walker Jr.  
Director

) SS.

COUNTY OF JOHNSON )AFFIDAVIT

I, ADEN R REEL, after being sworn upon my oath, depose and state as follows:

My current address is: 6665 ST RT 1466 VIENNA IL 62995

I am making this affidavit for the purpose of: AN OFFICIAL  
STATEMENT OF WHAT I WITNESSED ON JUNE 14 2007

I am making the following statements on oath regarding the purpose of this affidavit, as stated above: ON JUNE 14TH 2007 AROUND 830AM  
INMATE TINER K 51116 AND MYSELF WERE WALKING TO OUR WORK  
ASSIGNMENT ON THE INSIDE BARRACKS CREW. INMATE TINER WAS STRUCK  
FROM BEHIND ON THE LEFT SIDE OF HIS BODY BY A GREEN MINI VAN  
DRIVEN IN REVERSE BY SUPERINTENDANT MONT. OF THE HARDIN CO WORK  
CAMP. INMATE TINER WAS SENT TO HEALTH CARE AT THAT TIME  
I HAVE BEEN INTERVIEWED BY LT MCBILL OF INTERNAL AFFAIRS  
AND I GAVE A VERBAL STATEMENT LT MCBILL WROTE THAT STATEMENT  
OUT AND ASKED ME TO SIGN IT.

I, ADEN R REEL, affiant, do hereby declare and affirm under penalty of perjury as defined in 735 ILCS 5/1-109, that everything contained herein is true and correct to the best of my knowledge and belief. I further declare and affirm that the contents of the foregoing documents are known to me and are accurate to the best of my knowledge and belief. Finally, I do declare and affirm that the matter at hand is not taken either frivolously or maliciously and that I believe the foregoing matter is taken in good faith.

Signed on this the 17 day of JULY, 2007

Aden R Reel R52070

Affiant

Date: 6-21-07	Committed Person: <u>EMMITT Toner</u> (Please Print)	ID#: <u>RS1116</u>
Present Facility: <u>SHAWNEE</u>	Facility where grievance issue occurred: <u>SHAWNEE</u>	
<b>NATURE OF GRIEVANCE:</b>		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	
<input type="checkbox"/> Disciplinary Report:	Date of Report: _____	Facility where issued: _____
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Brief Summary of Grievance: <u>GRIEVANT SUFFERED INJURIES FROM HIS ACCIDENT THAT OCCURRED ON</u> <u>JUNE 14TH 2007 AT 7 AROUND 8:30 A.M. INVOLVING SUPERINTENDANT MAST. GRIEVANT EXPLAINED</u> <u>TO THE HEALTH CARE UNIT AND LATER TO THE DOCTOR THAT HIS PAIN WAS VERY SEVERE IN THE LEFT</u> <u>ARM AREA, THE SHOULDER AREA, AND ALSO THE LOWER LEFT SIDE BACK AREA. GRIEVANT HAS STATED</u> <u>ALL ALONG AND EVEN IN HIS FOLLOW UP EXAMS THAT HE WAS EXPERIENCING PAIN SO SEVERE IN HIS</u> <u>LOWER BACK AREA THAT HE WAS HAVING PROBLEMS WALKING, SITTING AND LAY DOWN AND</u> <u>STANDING FOR LONG PERIODS OF TIME BECAUSE THE PAIN WOULD CONSTANTLY SHOOT UP AND DOWN HIS LEG</u> <u>AND INTO HIS BUTTOCKS AREA MAKING IT FEEL AS IF BEING CONSTANTLY BEING STABBED ON HIS LEFT</u> <u>SIDE. 6-21-07 GRIEVANT AN X-RAY ON HIS SHOULDER AREA AND NOTHING ELSE. THE INJURIES</u> <u>GRIEVANT SUFFERED WAS NOT ONLY IN THE SHOULDER AREA, SO EVERY ATTEMPT SHOULD BE MADE</u> <u>TO BE GIVEN M.R.I OVER BODY TO UNDERSTAND THE EXTENT OF GRIEVANT'S</u> <u>INJURIES IN HIS LOWER BACK AREA, (JUST AS MEDICAL STAFF PERFORMED X-RAYS ON 6-21-07 ON</u> <u>HIS SHOULDER AREA TO LEARN EXTENT OF THOSE INJURIES. GRIEVANT IS IN CONSTANT PAIN IN LOWER BACK AREA.</u>		
Relief Requested: <u>TO BE GIVEN M.R.I OVER BODY TO UNDERSTAND THE EXTENT OF GRIEVANT'S</u> <u>INJURIES IN HIS LOWER BACK AREA, (JUST AS MEDICAL STAFF PERFORMED X-RAYS ON 6-21-07 ON</u> <u>HIS SHOULDER AREA TO LEARN EXTENT OF THOSE INJURIES. GRIEVANT IS IN CONSTANT PAIN IN LOWER BACK AREA.</u>		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>Emmitt D. Toner</u> Committed Person's Signature		<u>RS1116</u> ID#
		<u>6-21-07</u> Date
(Continue on reverse side if necessary)		

<b>Counselor's Response (if applicable)</b>		
Date Received: <u>6-26-07</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>Written response from DON Toner Counselor that on 6/14/07</u> <u>inmate self-reported that this was the area that had been</u> <u>injured (left arm).</u>		

\* EXHIBIT #3

ILLINOIS DEPARTMENT OF CORRECTIONS  
COMMITTED PERSON'S GRIEVANCE (Continued)

EXHIBIT # 3

To Find out The full Extent of GRIEVANTS INJURIES To Effectively Diagnose And Be Able To Treat Him Medically. GRIEVANTS X-rays And M.R.I Should of Been Performed As Soon As The Accident Took Place INSTEAD OF HAVING GRIEVANT Being Forced To only TAKE Pain Pills AS THE WAY TO Dealing WITH His INJURIES. Especially When GRIEVANT Originally indicated To The Medical STAFF And Doctor THAT His INJURIES Were Causing Him a Great Deal of Pain

of Matt J. Jim K51116

\* EXHIBIT # 3 \*

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

1C-19-01

Grievance Officer's Report

Date Received: June 22, 2007 Date of Review: June 28, 2007 Grievance # (optional):

Offender: Tiner, Emmitt ID#: K51116

Nature of Grievance: Medical Treatment

**Facts Reviewed:** The grievant states that he suffered injuries from an accident that occurred on June 14, 2007 at approximately 8:30 a.m. The grievant states that Superintendent Mott was involved in this accident. No details of the accident were provided by the grievant. The grievant states that he informed the health care unit and subsequently the doctor that his pain was severe in the left arm area, shoulder area, and lower left side back area. The grievant contends that initially and in his follow-up exams that he was experiencing pain in his lower back to such a degree that he was having difficulty walking, sitting, laying, and standing for long periods.

The grievant states that on June 21, 2007 an x-ray of his shoulder area was taken. The grievant claims that his shoulder was not the only injury. The grievant states that x-rays and MRI's should have been performed as soon as the accident occurred instead of being given pain medication only.

Relief requested by the grievant is to have a full-body MRI.

This Grievance Officer reviewed the following to formulate a recommendation:

The written grievance was reviewed and a summarization is written above.

A hand-written response on the reverse-side of a copy of the offender's grievance that states an x-ray was done on his left arm. Offender S/R (self-reported) on 06-14-07 that this was the area that had been injured. This hand written response was unsigned but known to be the response from Janet Barnard who is the Director of Nursing. This Grievance Officer called Janet Barnard this date and verbally verified this to be her response.

A hand-written letter to Acting Warden Austin from the grievant was reviewed. The letter states much of the same information as the grievance. A written response by Acting Warden Austin states that by his reports the offender refused to go to the health care unit and had to be given a direct order to do so.

**Recommendation:** Based on all of the available information at the time of this review I make the following recommendation in good faith: I recommend that this grievance be denied. The grievant does not have medical training sufficient to dictate appropriate testing and treatment. I recommend that his complaints and physical condition should be reviewed, evaluated, and monitored as determined appropriate by a licensed medical doctor.

Timothy P. Coffey

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 6-28-07 ☒ I concur ☐ I do not concur ☐ Remand

Comments:

ALL 30 DEP

EXHIBIT # 3 \*

~~EXHIBIT # 4~~



**Illinois**  
Department of  
**Corrections**

**Rod R. Blagojevich**  
Governor

**Roger E. Walker Jr.**  
Director

Shawnee Correctional Center / 6665 State Route 146 East / Vienna, IL 62995 / Telephone: (618) 658-8331 / TDD: (800) 526-0844

DATE: July 27, 2007

TO: Correctional Officers

FROM: Linda Runge,  
Nurse Practitioner

SUBJECT: Tiner, Emmit K51116 (1C-19)

This is a slow walk permit for the above mentioned offender due to medical reasons. This permit is valid for 3 months and will expire on 10/27/07.

Thank you for your assistance in this matter.

cc: Medical Record

EXHIBIT #5



**Illinois**  
Department of  
**Corrections**

**Rod R. Blagojevich**  
Governor

**Roger E. Walker Jr.**  
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

October 1, 2007

Emmit Tiner  
Register No. K51116  
Pinckneyville Correctional Center

Dear Mr. Tiner:

This is in response to your grievance received on September 27, 2007, regarding Medical (Requesting Cane) and Staff Conduct (Nurse Carolyn), which were alleged to have occurred at Shawnee Correctional Center. This office has determined the issues will be addressed without a formal hearing.

This office has reviewed your two written grievances (combined for this review) regarding requests for a walking cane and allegations that Nurse Carolyn talked the Doctor out of giving you a cane.

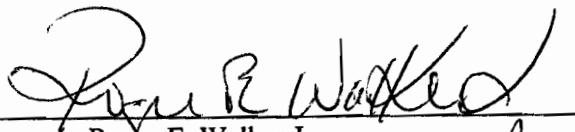
The Grievance officer's report and subsequent recommendation dated August 29, 2007 and approval by the Chief Administrative Officer on August 29, 2007 have been reviewed.

Based on a total review of all available information, it is the opinion of this office that the issue was appropriately addressed by the institutional administration. It is, therefore, recommended the grievance be and relief requested denied. Staff misconduct is not substantiated and it appears upon review of the X-Rays, the Doctor did not find it necessary to issue a cane. Should issues continue, this office would encourage Tiner to submit the appropriate sick call requests to Pinckneyville's Health Care Unit.

FOR THE BOARD:

  
Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

CONCURRED:

  
Roger E. Walker Jr.  
Director

cc: Acting Warden Dan Austin, Pinckneyville Correctional Center  
Emmit Tiner, Register No. K51116



STATE OF ILLINOIS )

)SS

COUNTY OF )

RANDOLPHAFFIDAVIT

I, Emmitt T. Tiner do hereby declare and affirm that the following information within this affidavit is true and correct in substance and in facts:

While in Shawnee Correctional facility between June 14, 2007 to September 26, 2007 I made several requests to the Director of Nurses (J. Bernhard) for access and information from my medical files and I never received any responses. Also, between January 1, 2008 to May 27, 2008 I also made requests to the Medical Records Director (Angela Bruns) at Pinckneyville Correctional facility for access and information from my medical files and I never received any responses. Also, since being incarcerated at Menard Correctional facility since May 27, 2008 to the present I have sent several requests to the Medical Records Director (Cheryl Sauer Hage) asking for access and information from my medical files and never received a response back. I have also written a letter to the Freedom of Information Act Officer for the Illinois Dept of Corrections (Brian - Fairchild) asking for information from my medical files, photo copies of any medical reports from the medical staff or investigative reports from internal affairs at Shawnee Correctional facility regarding the affiant sustaining injuries and [REDACTED] needing medical attention after being hit by a Illinois Dept of Corrections vehicle on Jan 14, 2007. All requests to the Freedom of Information Act officer were denied. Also, appeals to the Director of the Dept of Corrections also denied (Copy of both denial letters attached to affidavit).

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/1-109, I declare, under penalty of perjury, that everything contained herein is true and accurate to the best of my knowledge and belief. I do declare and affirm that the matter at hand is not taken either frivolously or maliciously and that I believe the foregoing matter is taken in good faith.

Signed on this 09 day of November, 2008.

Emmitt T. Tiner

Affiant

EXHIBIT # 8



**Illinois**  
Department of  
**Corrections**

**Rod R. Blagojevich**  
Governor

**Roger E. Walker Jr.**  
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

July 25, 2008

Mr. Emmitt Tiner K51116  
Menard Correctional Center  
P.O. Box 711  
Menard, IL 62259

Dear Mr. Tiner:

This letter is in response to your Freedom of Information request #80715019.

You have requested any copies that were filed by the Health Care Unit related to an accident.

All of this information and other information that you have requested is located in your master file and have been denied under Section 7 (A) of the Freedom of Information Act. Your request further denied under Section 107.310 of the Administrative Code Section, Access to Records, which state, *"the master record files of committed persons shall be confidential and access shall be limited to authorized persons. Committed persons shall not be permitted access to their master record files except as expressly permitted by law or this Subpart."*

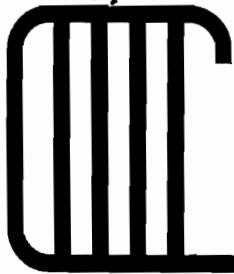
Also under Section 7 c (v) which states in part, *"....or disclose internal documents of correctional agencies related to detection, observation or investigation of incidents of crime or misconduct."*

You may appeal my decision to Director Roger E. Walker Jr.

Sincerely,

Brian Fairchild  
Freedom of Information Officer

EXHIBIT # 9



**Illinois**  
Department of  
**Corrections**

**Rod R. Blagojevich**  
Governor

**Roger E. Walker Jr.**  
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

October 1, 2008

Mr. Emmitt Tiner K51116  
Menard Correctional Center  
P.O. Box 711  
Menard, IL 62259

Dear Mr. Tiner:

This letter is in response to your Freedom of Information appeal #80715019.

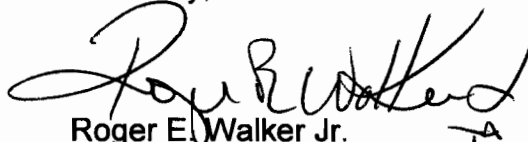
You have requested any copies that were filed by the Health Care Unit related to an accident.

All of this information and other information that you have requested is located in your master file and have been denied under Section 7 (A) of the Freedom of Information Act. Your request further denied under Section 107.310 of the Administrative Code Section, Access to Records, which state, *"the master record files of committed persons shall be confidential and access shall be limited to authorized persons. Committed persons shall not be permitted access to their master record files except as expressly permitted by law or this Subpart."*

Also under Section 7 c (v) which states in part, *"...or disclose internal documents of correctional agencies related to detection, observation or investigation of incidents of crime or misconduct."*

I uphold Mr. Fairchild's decision.

Sincerely,

  
Roger E. Walker Jr.  
Director